

RI SOS Filing Number: 200603530340 Date: 4/24/2006 2:30:00 PM



\* U C C 1 \*

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Ronald E. Ritland (617) 951-2011	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Ronald E. Ritland  Peabody &amp; Arnold  30 Rowes Wharf  Boston, MA 02110 </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME South Shore Utility Contractors, Inc.				
OR 1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 44 Maria Avenue		CITY Johnston	STATE RI	POSTAL CODE 02919
				COUNTRY USA
1d. TAXID #, SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Contractor	1f. JURISDICTION OF ORGANIZATION Rhode Island	1g. ORGANIZATIONAL ID #, if any 05-0515880 EIN <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME Anthony		FIRST NAME Roscuti	MIDDLE NAME F.	SUFFIX Jr.
2c. MAILING ADDRESS 15 Morgan Court		CITY Lincoln	STATE RI	POSTAL CODE 02865
				COUNTRY USA
2d. TAXID #, SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME The Hanover Insurance Group				
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 440 Lincoln Street		CITY Worcester	STATE MA	POSTAL CODE 01653
				COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

The collateral is set forth in the attached Agreement of Indemnity dated May 31, 2005. As detailed therein, the Debtors assigned the following collateral to Secured Party upon execution of the Agreement: 1. All right, title and interest of the Indemnitors in and to all tools, plants, equipment and materials of every nature and description that may now or hereafter be upon the site of the contracted work or elsewhere for the purpose of the contract. 2. All right, title and interest of the Indemnitors in and to the contract including all rights in and to all subcontracts or purchase orders let or to be let in connection therewith. 3. All monies retained, due or due in the future on account of any contract, whether bonded or unbonded, in which any or all the Indemnitors have an interest. 4. All right, title and interest, or use of any license, patent, trademark or copyright held by Indemnitors in connection with contracted work or required for the completion of any contract. 5. All other right, title and interest of the Indemnitors in and to any other asset held by the Indemnitors or obtained by the Indemnitors. The Secured Party reserves all its rights and remedies, including those arising under the doctrine of equitable subrogation.

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOL	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)						
7. TO REQUEST A SEARCH REPORT, FILE A UCC13						
8. OPTIONAL FILER REFERENCE DATA						



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**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME		
South Shore Utility Contractors, Inc.		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

**10. MISCELLANEOUS:**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
	Roscati		Shannon			
11c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
15 Morgan Court			Lincoln	RI	02865	USA
11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #: if any	
					[REDACTED] <input type="checkbox"/> NONE	

**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME						
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

**14. Description of real estate:****15. Additional collateral description:**

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

**17. Check only if applicable and check only one box.**Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate**18. Check only if applicable and check only one box.**

- ☐ Debtor is a TRANSMITTING UTILITY
- ☐ Filed in connection with a Manufactured Home Transaction — effective 30 years
- ☐ Filed in connection with a Public Finance Transaction — effective 30 years



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OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

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11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	Rosciti	Henry	V.	Jr.
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
1324 Chopmist Hill Road		North Scituate	RI	02857
11d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
			if any <input type="checkbox"/> NONE	

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE

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OR South Shore Utility Contractors, Inc.

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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11a. ORGANIZATION'S NAME

OR AHR Utility Corp.

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**11c. MAILING ADDRESS**

44 Maria Avenue

**CITY**

Johnston

**STATE**

RI

**POSTAL CODE**

02919

**COUNTRY**

USA

11d. TAX ID #: SSN OR EIN  
NOT REQUIRED IN  
RHODE ISLANDADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID#, if any

05-0515804

☐ NONE**12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR 12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

**12c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY**13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted  
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Secretary of the State of Rhode Island and Providence Plantations  
CORPORATIONS DIVISION

April 25, 2006

THE HANOVER INSURANCE GROUP  
440 LINCOLN STREET  
WORCESTER, MA 01653 USA

Dear Filer::

This serves as notification that our office has received and indexed your filings. Enclosed you will find evidence of your filing with this office. The filing has been assigned FILE NUMBER 200603530340 effective 4/24/2006 2:30:00PM.

If you have any questions, please contact us.

Sincerely,

A handwritten signature in cursive script that reads "Terrance Jackson". The signature is written in dark ink and is positioned below the word "Sincerely,".

Terrance Jackson, Manager  
Uniform Commercial Code Section